



ARIZONA DEPARTMENT OF PUBLIC SAFETY
STUDENT TRANSPORTATION, Mail Drop No. 1250
P. O. Box 6638 Phoenix, AZ 85005-6638
Phone: 602-223-2646 ■ FAX: 602-223-2923
www.azdps.gov/studenttransportation
schoolbus@azdps.gov

SCHOOL BUS DRIVER COVER SHEET

INSTRUCTIONS: This **MUST** be completed in full and submitted by employer.

Please check one of the following:

☐ **NEW DRIVER APPLICANT**

☐ **CURRENT DRIVER**

☐ **TRANSFER**
(effective date) _____

☐ **REHIRE**
(effective date) _____

DRIVER or APPLICANT NAME _____
Print full name as it appears on driver's license

DISTRICT/EMPLOYER _____

DISTRICT/EMPLOYER NUMBER _____

TRANSPORTATION DEPT. PHONE NO. _____

CONTACT PERSON _____

COUNTY _____

CURRENT SCHOOL BUS DRIVER NUMBER _____
(if applicable)